

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -7 AM 9:47

DOCUMENT # **L04000051095**

1. Limited Liability Company's Name

JADE 1, LLC

2. Principal Office Address

419 SE 4TH Ave

Suite, Apt. #, etc.

3. Mailing Office Address

459 Belrose Lane

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Radnor, PA

Zip

33483

Country

USA

Zip

19087

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

7/9/04

6. FEI Number

20-1356343

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Georgia Byron

Date **11-30-05**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Jeffrey Rose	459 Belrose Lane	Radnor, PA 19087
MGR	Diane Rose	459 Belrose Lane	Radnor, PA 19087

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REINSTATEMENT 2005

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Jeffrey Rose

Date **11/22/05**

Daytime Phone # **610-653-6643**

Typed or printed name of signing Managing Member/Manager

Jeffrey Rose